

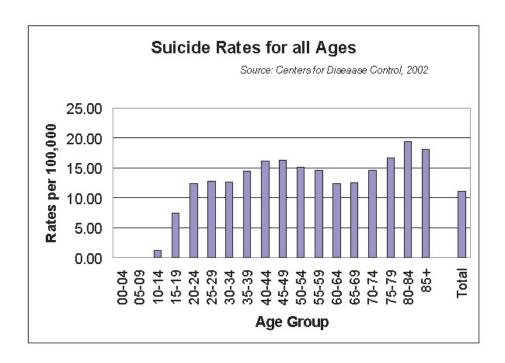
# AMERICAN ASSOCIATION OF SUICIDOLOGY

Dedicated to the Understanding and Prevention of Suicide

# Suicide in the U.S.A.

## **Based on Current (2002) Statistics**

- 1. In 2002 (the latest year for which we have national statistics), there were 31,655 suicides in the U.S. (87 suicides per day; 1 suicide every 17 minutes), with 11.0 of every 100,000 Americans killing themselves.
- 2. Suicide is the eleventh leading cause of death.
- 3. Suicide rates in the U.S. can best be characterized as mostly stable over time with a slight tendency toward a decrease. After six consecutive years of decrease (from 12.1 in 1993 to 10.7 in 2000), there was an insignificant increase in 2001 (10.8) and in 2002 (11.0).
- 4. Rates of suicide are highest in the Mountain States.
- 5. Males complete suicide at a rate four times that of females. However, females attempt suicide three times more often than males.
- 6. Relative to those younger, rates of completed suicide are highest among the elderly (age 65 and over).



- 7. Elderly adults have rates of suicide close to 50% higher than that of the nation as a whole (all ages).
- 8. Youth (ages 15-24) suicide rates increased more than 200% from the 1950's to the late 1970's. From the late 1970's to the mid 1990's, suicide rates for youth remained stable and, more recently, have slightly decreased.

- 9. Suicide ranks third as a cause of death among young (15-24) Americans behind accidents and homicides.
- 10. Firearms remain the most commonly utilized method of completing suicide by essentially all groups. More than half (54%) of the individuals who took their own lives in 2002 used this method. Both African American and Caucasian males used it more often than their female counterparts.
- 11. Although firearms were the most frequently used method of suicide by African American females, the most common method of suicide for all females was poisoning, In fact, poisoning has surpassed firearms for female suicides since 2001.
- 12. White suicide rates (12.2) are more than twice as high as those of non-whites (5.5).
- 13. Native Americans (American Indians) are the racial/ethnic group with the highest overall suicide rate, but large variations exist among tribal groups.
- 14. Suicide rates have traditionally decreased in times of war and increased in times of economic crises.
- 15. Suicide rates are the highest among the divorced, separated, and widowed and lowest among the married.

### **Research Findings**

- Although there are no official statistics on attempted suicide (e.g., non-fatal actions) it is generally estimated that there is 25 attempts for each death by suicide.
- Risk of attempted (nonfatal) suicide is greatest among females and the young.
- Females have generally been found to make 3 times as many attempts as males.
- Ratios of attempted to completed suicides for youth are estimated to range between 100 to 1 and 200 to 1.
- Mental health diagnoses are generally associated with a higher rate of suicide. Psychological autopsy studies reflect that more than 90% of completed suicides had one or more mental disorders.
- Diagnosis groups are at particular risk include: depression, schizophrenia, drug and/or chemical dependency and conduct disorders (in adolescence).
- There is a relationship between depression and suicide; the risk of suicide is increased to more than 50 percent in depressed individuals. On average about 60 percent of suicides were depressed.
- There is a relationship between alcoholism and suicide; the risk of suicide in alcoholics is 50 to 70 percent higher than the general population.
- Feelings of hopelessness (e.g., there is no solution to my problem) are found to be more predictive of suicide risk than a diagnoses of depression per se.
- Socially isolated individuals are generally found to be at a higher risk for suicide.
- The vast majority of individuals who are suicidal often display clues and warning signs.
- Individuals may display one or more of the problems or "signs" detailed below. The following list describes some potential factors of risk for suicide. If observed, a professional evaluation is strongly recommended:
  - Presence of a psychiatric disorder (e.g., depression, drug or alcohol, behavior disorders, conduct disorder [e.g., runs away or has been incarcerated]).
  - The expression/communication of thoughts of suicide, death, dying or afterlife (in a context of sadness, boredom, hopelessness or negative feelings).
  - Impulsive and aggressive behavior; frequent expressions of rage.

- Increase use of alcohol or drugs.
- Recent severe stressor (e.g., difficulties in dealing with sexual orientation; unplanned pregnancy, significant real or anticipated loss; etc.).
- Family instability; significant family conflict.

#### Other Issues

- The designation of "survivor of suicide" refers to the family members and friends who remain alive following the death of their loved one by suicide.
- Although the number of survivors is difficult to calculate, conservative estimates indicate that there are six survivors for every completed suicide. Based on data from 1977 to 2002, we can estimate that the number of survivors in the U.S. is approximately 4.64 million; close to 190,000 survivors of suicide were included in 2002.

#### **Sources**

The information for this fact sheet was gathered from the National Vital Statistics Reports on the National Center for Health Statistics website (<a href="http://www.cdc.gov/nchs/Default.htm">http://www.cdc.gov/nchs/Default.htm</a>) run by the Center for Disease Control and Prevention. Unless specified otherwise, information presented refers to the latest available data (i.e. 2001).

## American Association of Suicidology

The goal of the American Association of Suicidology (AAS) is to understand and prevent suicide. AAS promotes research, public awareness programs, education, and training for professionals, survivors, and all interested persons. AAS serves as a national clearinghouse for information on suicide. AAS has many resources and publications, which are available to its membership and the general public. For membership information, please contact:

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